

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-034883

STATE FILE NUMBER

Registration District No. 360 Primary Registration District No. 3076 Registrar's No. 161

DO NOT WRITE
ON THIS STUB

AMENDED

FILED AUG 26 1963

| | | | |
|---|--|--|---|
| 1. PLACE OF DEATH a. COUNTY Vernon | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Nevada | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) Nevada | | c. CITY OR TOWN Nevada | |
| Length of stay in 1b unknown | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 805 N. Ash | | d. STREET ADDRESS (If outside, give location) 805 N. Ash St. | |
| 3. NAME OF DECEASED (Type or print) First: VAN Middle: ALLEN Last: SMITH | | 4. DATE OF DEATH Month: August Day: 5 Year: 1963 | |
| 5. SEX M | 6. COLOR OR RACE wh | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 5-25-1888 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Collector | | 10b. KIND OF BUSINESS OR INDUSTRY retired | |
| 11a. FATHER'S NAME William Phillip Smith | | 11b. MOTHER'S MAIDEN NAME Nannie Anderson | |
| 12a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no | | 12b. SOCIAL SECURITY NO. Vernon County Welfare Records | |
| 13. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) natural causes | | INTERVAL BETWEEN ONSET AND DEATH unknown | |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) no indication of foul play; investigated by County Coroner DUE TO (c) | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) body badly decomposed. Lived alone. | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> none | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | |
| 20c. TIME OF INJURY Hour: never a.m.: p.m.: | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 20f. CITY, TOWN, OR LOCATION never |
| 21. Attended the deceased from about 9:00 p. to August 5, 1963 Death occurred at about 9:00 p. on the date stated above, and to the best of my knowledge, from the causes stated. | | 21. Attended the deceased from never to August 5, 1963 and saw him alive on August 5, 1963 | |
| 22a. SIGNATURE (Degree or title) Anna E. Ferry, Local Registrar | | 22b. ADDRESS Nevada, Missouri | |
| 22c. DATE SIGNED 8-14-1963 | | 22d. LOCATION (City, town, or county) (State) Rich Hill, Missouri | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) burial | 23b. DATE 8-15-1963 | 23c. NAME OF CEMETERY OR CREMATORY local | 23d. LOCATION (City, town, or county) (State) Rich Hill, Missouri |
| 24. FUNERAL DIRECTOR Booth Funeral Home, Rich Hill, Missouri | | 25. DATE RECD. BY LOCAL REG. 8-15-1963 | |
| 26. REGISTRAR'S SIGNATURE Anna E. Ferry | | 26. REGISTRAR'S SIGNATURE Anna E. Ferry | |

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

L. Douglas Ferry

Licensed Embalmer No. 4966

P. O. Address

Meranda, Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.